

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSE		5/2/01
FORMALITY REVIEW	K	1019	05.30.01
RESPONSE FORMALITY REVIEW	M	778	8/25/01
		50900	12/23/01

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted                        O ..... Objected

Claim	Date
Final	
Original	
1	1/15/02
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3	9/9/02
4	11/26/02
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Claim	Date
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If more than 150 claims or 10 actions  
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H.S.  
 5.30.01  
 373  
 10/9  
 804  
 12/13